

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

| PLACE OF BIRTH | | ARIZONA STATE BOARD OF HEALTH | |
|--|--------------------------------|--|---------------------------------|
| 1. County of <u>Yuma</u> | BUREAU OF VITAL STATISTICS | | State Index No. <u>114</u> |
| District of _____ | ORIGINAL CERTIFICATE OF BIRTH | | County Registrar No. <u>256</u> |
| Town of _____ | | | Local Registrar No. _____ |
| or <u>Globe</u> | | | |
| City of _____ | No. _____ St. _____ Ward _____ | | |
| 2. Full name of child <u>James B. Adams</u> | | (If birth occurred in a hospital or institution, give its NAME instead of street and number) | |
| 3. Sex of Child <u>Male</u> To be answered ONLY in event of plural births. | | 4. Twin, triplet or other _____ | 6. Legitimate? <u>yes</u> |
| 5. No., in order of birth _____ | | 7. Date of birth <u>5-3-23</u> Month Day Year | |
| 8. FATHER | | 14. MOTHER | |
| Full name <u>James B. Adams</u> | | Full maiden name <u>See Olive Hill</u> | |
| 9. Residence (Usual place of abode) | | 15. Residence (Usual place of abode) | |
| If nonresident, give place and state <u>Globe Ariz</u> | | If nonresident, give place and state <u>Globe Ariz</u> | |
| 16. Color or race <u>W</u> | | 17. Age at last birthday <u>29</u> (Years) | |
| 11. Age at last birthday <u>33</u> (Years) | | 18. Birthplace (city or place) <u>Texas</u> | |
| 12. Birthplace (city or place) <u>Born to Adams</u> | | (State or country) | |
| 13. Occupation <u>Truck driver</u> | | 19. Occupation <u>Truck driver</u> | |
| Nature of industry | | Nature of industry | |
| 20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) | | 21. Were precautions taken against ophthalmia neonatorum? <u>yes</u> | |
| (a) Born alive and now living _____ | | (b) Born alive but now dead _____ | |
| (c) Stillborn _____ | | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | |
| I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>9:45</u> a.m. on the date above stated. | | | |
| (Born alive or stillborn.) | | | |
| *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. | | Signature <u>G. E. Wrightman</u> | |
| | | (Physician or midwife) | |
| Address <u>Globe Ariz</u> | | | |
| Given name added from a supplemental report _____ | | Filed <u>5/6</u> 1923 | |
| Month, day, year. | | Filed <u>6/5</u> 1923 | |
| Registrar. | | Local Registrar. <u>B. G. Gray</u> | |
| | | County Registrar. | |

112-503-383